

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



## LOBBYIST REGISTRATION FORM

103 JAN 31 A8 56

1/21/03

(See back of this form for instructions) (Type or Print Clearly) TATE E PART I **LOBBYIST** NAME(Last) (First) (Middle) TELEPHONE Slovin Gary 547-5600 Μ. **MAILING ADDRESS** (Street) (City) (State) (Zip Code) P. O. Box 3196 Honolulu HI 96801 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE Goodsill Anderson Quinn & Stifel 547-5600 MAILING ADDRESS (Street) (City) (State) (Zip Code) Same as above **ORGANIZATION** NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE 973/ Cendant Corporation 496-5497 MAILING ADDRESS (City) (Street) (Zip Code) (State) 6 Sylvan Way NJ07054 Parsippany NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE 496-5497 John Bazin **MAILING ADDRESS** (State) (Street) (City) (Zip Code) Same as above **DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY** PART III Science, Technology & Economic Development \_\_\_\_ Agriculture Education Human Services Communications & Public Utilities Tourism & Recreation Intergovernmental Relations, [ Government Operations & International Affairs Finance Consumer Protection & Labor & Employment Hawaiian Affairs Transportaion Commerce Planning, Land & Water Use Management X Other: (indicate below) Culture, Arts, Historic ☐ Health Preservation Taxation Public Safety & Corrections Ecology, Energy, Environmental Protection Housing **PART IV CERTIFICATION OF LOBBYIST** I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. (Signature of Lobbyist) **AUTHORIZATION TO LOBBY PART V** TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME Vice President, State & Government Relations John Bazin TELEPHONE NAME OF ORGANIZATION (if applicable) 973/ 496-5497 Cendant Corporation (Zip Code) (State) MAILING ADDRESS (Street) (City) N.T Parsippany 6 Sylvan Way I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Autorizing Officer or Person Represented)